## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90045 004 \*\*\*150.00

1. Corporation	MENT # P9300 NAME COMPANIES, INC.	0047670					
Principal Place	e of Business	Mailing Address			[ ] # # #	7:8:1 18818 WILL	1 18811 9811 1891
3892 PROSPEC	T AVENUE	3892 PROSPECT AVENUE					
SUITE 6 SUITE 6					DO NOT WRITE IN THIS	T MIDITE IN THIS COACE	
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
US		U\$			07/01/1993		
O Dringing D	loop of Business	2a. Mailing Address		<del></del>	4. FEI Number	- I A	pplied For
<del>-</del>	incipal Place of Business 2a. Mailing Address 26				65-0425097	. —	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional
ial	27				5. Certifcate of Status Desired	Fee Required	
City & State			·		6. Election Campaign Financing	\$5.00	May Be
3	28				Trust Fund Contribution Added to Fees		* 1
Zip	Country	Zip	Country		8. This corporation owes the current year Int	8. This corporation owes the current year Intangible	
:4	25	29	30		Personal Property Tax.	Yes	□No
·	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
	ER, MELVIN R		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	-	
	PROSPECT AVE #6		"	Oli est Addi			
RIVIE	ERA BCH FL 33404		83				
				011		OF Zin	Code
	•		84	City	FL	_ <b>∖85</b>   Zip _	Code
SIGNATURE	Signature, typed or printed name of registered		Registered Age	nt signature require		ID DIDEOT	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	PD	☐ DELETE	1.1 TITLE			[] Criange	
NAME	LANIER, MELVIN R	•	1.2 NAME				İ
STREET ADDRESS	18116 125TH AVE			TADDRESS			1
CITY-ST-ZIP	JUPITER FL 33468		1.4 CITY-5	ST-ZIP		☐ Change	[] Addition
TITLE		☐ DELETE	2.1 TITLE		•	Contrago	
NAME	•		2.2 NAME				1
STREET ADDRESS				TADDRESS			
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NAME	•		3.2 NAME				
STREET ADDRESS				TADDRESS			
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NAME			4. 2 NAME				
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NAME				1			Į
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CITY-ST-ZIP			5.4 CITY-8	51-ZIP		CT Chance	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•		
STREET ADDRESS				TADORESS			)
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or or national attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 561-842-542-